



FLEXCOMP CHANGE IN STATUS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53511 (01-05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657

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PART A PARTICIPANT INFORMATION

Name (Last, First, Mi)		Social Security Number (Required)
Employer	Department Number	Employee ID Number (Required)

PART B THE CHANGE IN STATUS EVENT ON WHICH MY REQUEST IS BASED IS:

1. Unpaid Leave, Military Leave or Leave Covered by the Family and Medical Leave Act (FMLA)

(Medical Spending and Dependent Care Contributions may be paid as follows while on leave)

- ☐ Pre-tax, by having contributions payroll deducted prior to leave Date Leave Begins: _____
☐ After-tax, by submitting payments by the 1st of each month while on a leave of absence Date Leave Ends: _____
☐ I do not wish to participate in the FlexComp benefit plan while on a leave of absence

2. Change in Marital Status

- ☐ Marriage Date _____ ☐ Divorce or Annulment Date _____
☐ Legal Separation Date _____ ☐ Death of Spouse Date _____

3. Change in Number of Dependents

- ☐ Birth – Date _____ ☐ Adoption or Placement for Adoption – Date _____ ☐ Death of Dependent – Date _____

4. Change in Employment Status of Spouse or Dependent

- ☐ Termination of Employment Date _____ ☐ Commencement of Employment Date _____
☐ Part-time to Full-time Date _____ ☐ Full-time to Part-time Date _____

5. Change in Dependent's Eligibility Under the Health Insurance Plan

- ☐ Lost eligibility (such as age, marital status) Date _____ ☐ Gained eligibility (such as age, student status) Date _____
Dependent's Name: _____ Date of Birth: _____

6. Certain Judgments, Decrees and Orders

- ☐ Order resulting from divorce, legal separation, annulment, or change in custody requiring coverage for Dependent Date: _____

7. Medicare or Medicaid

- ☐ Became eligible for Medicare or Medicaid Date _____ ☐ Lost eligibility for Medicare or Medicaid Date _____

8. Change in Cost of Dependent Care Services

- ☐ Cost increase Date _____ ☐ Cost decrease Date _____

9. Change in Dependent Care Provider

- ☐ Changed Dependent Care Provider Date _____

PART C CONSISTENCY OF CHANGE IN STATUS EVENT WITH MY REQUESTED ELECTION CHANGE

Explain below how the election change that you checked is consistent with the change in status event. You must explain why your requested change is necessary or appropriate as a result of the event you checked. A change in election to your medical spending account is allowable and consistent only if the change in status results in the employee or his/her spouse or dependent gaining or losing eligibility for health coverage under the employer's health plan.

NDPERS has final discretion to determine whether the consistency requirement has been satisfied.

PART D SIGNATURE OF APPLICANT

I have read the information and agree to abide by the terms of the Plan Document. I certify, under penalties of perjury, that the information submitted on this Change in Status Form is true, correct and complete.

If approved, I hereby elect the change(s) noted on the attached FlexComp Enrollment Form and attest that the change is made on account of and is consistent with the Change in Status Event.

Applicant Signature

Date of Signature

PART E NDPERS USE ONLY

☐ Change Approved – Effective Date _____

☐ Change Denied: Reason: _____

ORIGINAL TO NDPERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS